



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E428264**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-01287	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
--------------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	05	22	2015	2200	31			N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF 0664		

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
84TH AVE NE		BLOCK NO. <input checked="" type="checkbox"/> 2400
		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
150 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	24TH PL NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
---------	---	--------------------------------------	--	-------

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
-----------	----------------	------------	--	----------------	--

STREET NEW ADDRESS	
--------------------	--

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX U	D.O.B. MMDDYYYY			
--------------------	--	-------	--	--------------	------------------------	--	--	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #		STATE WA	VIN#	
-----------------	--	-----------------	------	--

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	-------	-------	---	----------	---

REGISTERED OWNER INFO.	
------------------------	--

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
--	-------------------------	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
-----------	----------------	------------	--	----------------	--

STREET NEW ADDRESS	
--------------------	--

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX U	D.O.B. MMDDYYYY			
--------------------	--	-------	--	--------------	------------------------	--	--	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	ADN8014	STATE WA	VIN#	2C8GP54L44R576910
-----------------	----------------	-----------------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR 2004	MAKE CHRY	MODEL TOWN	STYLE SV	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------	------------------	-------------------	-----------------	---	----------	---

REGISTERED OWNER INFO. JENNIFER HOLM 2405 84TH AVE NE LAKE STEVENS WA 98258 D: 4253284871	
--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # SAFECO INSURANCE H2105632	
---	--	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



OFFICER'S NAME (PRINT) G. HEINEMANN #133	BADGE OR ID # #0133	AGENCY WA0311900
---	----------------------------	-------------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E428264**

CASE # **15-01287**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

The owner of unit 2 stated that some time between the hours of 2200 on 5-22-15 and 1300 on 5-23-15, her vehicle was struck by an unknown vehicle. It appears that Unit 1 attempted to drive by Unit 2 and sideswiped it, causing damage to the rear driver side door and rear drivers side panel. The driver for Unit 1 is unknown and it is unknown what type of vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-28-15 01:42 PM

DATED

PLACE SIGNED

APPROVED BY

DATE

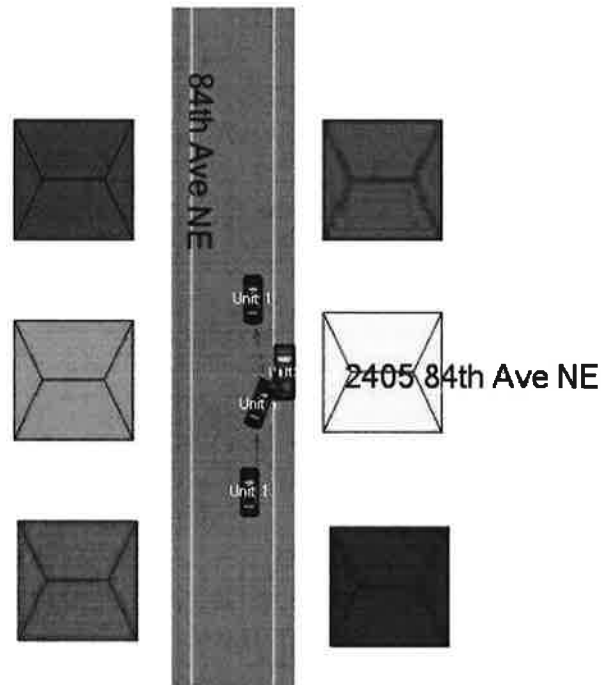
SGT. C. VALVICK 71

5/29/2015 2:58:20 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	1:15 PM	TIME POLICE ARRIVED	1:31 PM
---------------	-------	-------	-----------	------------------------	---------	---------------------	---------



Not to scale





Lake Stevens Police Department

Detail

Print Date/Time: 05/29/2015 08:35
 Login ID: ss0080
 Case Number: 2015-00001287

ORI Number: Lake Stevens Police Department
 WA0311900

Case Details:

Case Number: 2015-00001287 Incident Type: Collision
 Location: 2405 84TH AVE NE Occured From: 05/22/2015 22:00
 LAKE STEVENS, WA 98258 Occured Thru: 05/23/2015 13:00
 Reported Date: 05/23/2015 13:15 Saturday
 Reporting Officer ID: SS0133-Heinemann Status: Open Status Date: 05/27/2015

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
Associated Cases	Status	Assisting ORIs	Role	
Modus Operandi		Solvability Factors	Weight	

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	NR	46.52.010	HIT AND RUN UNATTEND PROP DAMAGE	1

Offense # 1

Group/ORI: State Crime Code: NR Statute: 46.52.010 Counts: 1 Attempt/ Commit Code: Commit
 Description: HIT AND RUN UNATTEND PROP DAMAGE Offense Date: 05/22/2015

Scene Code: Hwy-Road-Alley-St-Sidewlk Bias/Motivation: *None (No Bias)

Domestic Code: No

Gang Related: No

IBR Seq. No: 1

Offender Suspected of Using

Alcohol: Unknown

Drugs: Unknown

Computer: No

Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Victim	1	HOLM, JENNIFER LOUISE	2405 84TH AVE NE LAKE STEVENS, WA 98258	(425) 328-4871	White	Female	06/09/1964 50

Subject # 1-Victim

Primary: No Victim Type: Individual
 Name: HOLM, JENNIFER LOUISE Race: White Sex: Female DOB: 06/09/1964
 Address: 2405 84TH AVE NE Height: 5ft 7 in Weight: 125.0 lbs.
 LAKE STEVENS WA 98258 Eyes: GRN Age: 50
 Primary Phone: (425) 328-4871 DVL #: HOLM*JL366L State: WA
 Z

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.010	HIT AND RUN UNATTEND PROP DAMAGE

Arrests



Lake Stevens Police Department

Detail

Print Date/Time: 05/29/2015 08:35
Login ID: ss0080
Case Number: 2015-00001287

ORI Number: Lake Stevens Police Department
WA0311900

Arrest No.	Name	Address	Date/Time	Type	Age
------------	------	---------	-----------	------	-----

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
05/27/2015	Destroy Damage Vand	Recreation Vehicle	Chrysler				

Seq #1

Property Codes: Destroy Damage Vand
Property Type: Recreation Vehicle
Initial Value: \$700.00
Date Received: 05/27/2015

Make: Chrysler
Year: 2004
Serial #: 2C8GP54L44R576
Color: Green
910

Reg. State: WA
Reg. ORI: WA0311900
Reg. Number: ADN8014

Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
1	Victim Vehicle	Van	2004	Chrysler	Town&Country Minivan	Green	ADN8014	WA

Vehicle # 1

Type: Van
Year: 2004
Make: Chrysler
Model: Town&Country
Minivan
Color: Green
License Plate: ADN8014
State: WA
Date/Time: 05/27/2015 10:28



Lake Stevens Police Department

Detail

Print Date/Time: 05/29/2015 08:35
Login ID: ss0080
Case Number: 2015-00001287

ORI Number: Lake Stevens Police Department
WA0311900

- ☐ Liquor Board
- ☐ Dawson Place
- ☐ Juvenile Court
- ☐ Juvenile Prosecutor
- ☐ Mental Health
- ☐ APS
- ☐ District Court
- ☐ Municipal Court
- ☐ DOL
- ☐ CPS
- ☐ Other _____
- ☐ City Attorney
- ☐ County Prosecutor
- ☐ Federal Prosecutor
- ☐ Domestic Violence Unit
- ☐ City Prosecutor
- ☐ Detectives

Summary:

On May 23rd, 2015 at approximately 1315 hours, I was dispatched to 2405 84th Ave NE in the city of Lake Stevens for a hit and run collision.

Narrative:

I arrived to speak with the victim/vehicle owner, Jennifer L. Holm. Jennifer is the registered owner of WA#ADN8014, which returns to a Chrysler minivan.

Jennifer stated that sometime during the night her vehicle was struck by another vehicle, causing damage to the rear driver's side door and rear drivers side panel of the van. She informed me that the incident occurred between the hours of 2200 on 5/22/15 and 1300 on 5/23/15. Neither her or any other member of her family witnessed the incident and there was no note left on her vehicle. At this time there is no suspect information regarding the collision.

I gathered Jennifer's insurance information and had her complete a statement regarding the collision. Once photographs and an area check were completed, I cleared the call.

**Lake Stevens Police Department
Field Report**

Case Number: 2015-00001287

Date: 5/27/2015

Report Completed By: Heinemann, Gavin

DETAILS

Incident Type: Collision

Occurred From: 05/22/2015 22:00

Location: 2405 84TH AVE NE
LAKE STEVENS, WA 98258

Occurred Through: 05/23/2015 13:00

SUBJECTS

Case Subject Type	Name (Last, First Middle) Street Address City, State Zip Non-Disclosure	DOB Race Hgt Hair	Sex Wgt Eyes	DL Number/State Email	Phone Number (1) Phone Number (2) Phone Number (3)
Victim Individual	HOLM, JENNIFER LOUISE 2405 84TH AVE NE LAKE STEVENS, WA 98258	6/9/1964 W 5'7	F 125 GRN	HOLM*JL366LZ \ WA	(425)328-4871

VEHICLES

Date	Code /Role Type	Year Color	Make/Model/Model Description	Year/Plate/State	Value VIN/Serial Number
05/27/2015	Victim Vehicle	2004 Green	Chrysler Town&Country Minivan	ADN8014 \ WA	2C8GP54L44R576910
5/27/2015	Recreation Vehicle Destroy Damage Vand	2004 Green	Chrysler Town&Country Minivan	ADN8014 \ WA	\$700 2C8GP54L44R576910

ROUTING:

☐ CPS ☐ DSHS ☐ LIQ BD ☐ PA CITY ☐ PA JUV ☐ OTHER: _____
☐ APS ☐ DOL ☐ MH ☐ PA CNTY ☐ DV ADVOCATE

Disclaimer: This temporary field report should not be considered the final official police report on the incident described within. This report is to be used only for proceedings requiring a report prior to the final report being completed. Any information contained within is subject to verification and/or change.

Lake Stevens Police Department
Field Report

Case Number: 2015-00001287

Date: 5/27/2015

Report Completed By: Heinemann, Gavin

NARRATIVE**Summary:**

On May 23rd, 2015 at approximately 1315 hours, I was dispatched to 2405 84th Ave NE in the city of Lake Stevens for a hit and run collision.

Narrative:

I arrived to speak with the victim/vehicle owner, Jennifer L. Holm. Jennifer is the registered owner of WA#ADN8014, which returns to a Chrysler minivan.

Jennifer stated that sometime during the night her vehicle was struck by another vehicle, causing damage to the rear driver's side door and rear drivers side panel of the van. She informed me that the incident occurred between the hours of 2200 on 5/22/15 and 1300 on 5/23/15. Neither her or any other member of her family witnessed the incident and there was no note left on her vehicle. At this time there is no suspect information regarding the collision.

I gathered Jennifer's insurance information and had her complete a statement regarding the collision. Once photographs and an area check were completed, I cleared the call.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.72.085)

Officer Name/ID #: Heinemann, Gavin

SS0133 Date 5/27/2015

Snohomish County, WA

Disclaimer: This temporary field report should not be considered the final official police report on the incident described within. This report is to be used only for proceedings requiring a report prior to the final report being completed. Any information contained within is subject to verification and/or change.

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

VICTIM / WITNESS

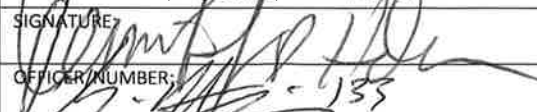
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Holtm Jennifer Laise Beck	RACE White	ETH White	SEX F	DOB 06-09-64	AGE 50	HGT 5'6"	WGT 135	HAIR Blk	EYES Grn
STREET ADDRESS 2405 84th Ave NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS Renter		
HOME PHONE (425) 789-1677		CELL PHONE (425) 328-4871		PLACE OF EMPLOYMENT N/A						
WORK PHONE N/A		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Approximately 1:00pm I went outside as we were preparing to leave for camping. My son came up to told me "mom, your car got hit". I did not know about it. Last night we went inside around 10:15pm. My son came to make my van BACK from where it was parked out front, in to our driveway, as we were leaving, he noticed that the driver's side of my van had been hit.

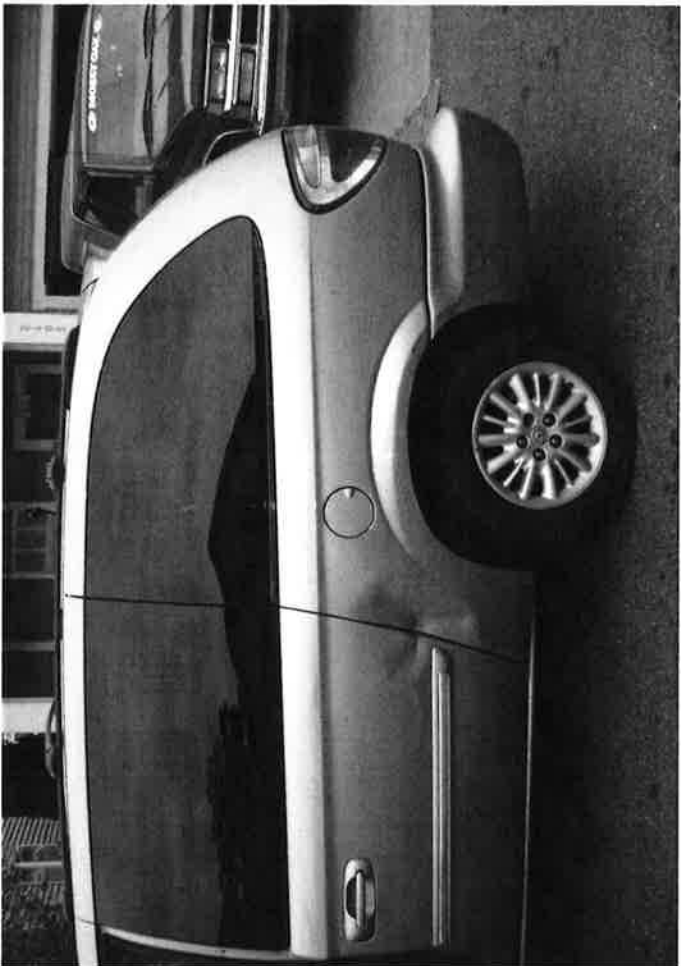
We went inside around 10:15pm Friday night & did not notice it until Sat. Afternoon around 1:00pm

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED 05/23/15	LOCATION SIGNED Lake Stevens WA 98258
OFFICER NUMBER 133	DATE SIGNED 5-28-15	LOCATION SIGNED LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



Incident History for: #SS15009897

Case Numbers: \$SS15001287

Received	05/23/15	13:15:02	BY SPCT08	SP0136
Entered	05/23/15	13:15:53	BY SPCT08	SP0136
Dispatched	05/23/15	13:16:52	BY SPDP17	SP0371
Enroute	05/23/15	13:16:52		
Onscene	05/23/15	13:31:48		
Closed	05/23/15	13:54:01		

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377D-5 Group: SS1 Beat: WEST

Src: 9

Loc: 2405 84 AV NE , LKS btwn DEAD END & 24 PL NE (V)

Latitude: (+) 48.018097 Longitude: (-) 122.115977

Loc Info: SPRINT,

Name: HOLM, JENNIFER

Addr: 3106 DENSMORE RD - SW S Phone: 4253284871

/1315	(SP0136)	ENTRY		, CC SOMEONE HIT RPS PARKED CAR. OCC SOMETIME LAST NIGHT. UNK SUS.
/1316	(SP0371)	CHANGE		PRI: 2 --> 3,
				TXT: PER TEXT
/1316		DISPER	19D3	#SS133 HEINEMANN, OFFICER (GAVIN)
/1331	(SS133)	*ONSCNE	19D3	
/1335		REMINQ	19D3	MDTWANT, , , , , WA, HOLMJL366LZ, , , , , , , , , , ,
/1347	(SP0371)	ASNCAS	19D3	\$SS15001287
/1352	(SS133)	*MISC	19D3	, HOLM, JENNIFER LOUISE DECKER GT/5-07;WGT/125
/1354	(SP0371)	CLEAR	19D3	D/H
/1354		CLOSE	19D3	

LSPD
ORIGINAL